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Bib Data Sheet

CONFIRMATION NO. 6568

SERIAL NUMBER 08/843,711	FILING DATE 04/16/1997 RULE 1.47	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. 22965.2111
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APPLICANTS

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** CONTINUING DATA *****

THIS APPLICATION IS A REI OF 08/250,785 05/27/1994 PAT 5,498,240

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/14/1998

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 3	TOTAL CLAIMS 28	INDEPENDENT CLAIMS 12
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <u>Kennedy</u> Initials <u>D</u>				

ADDRESS

25213

TITLE

INTRAVASCULAR CATHETER WITH REPLACEABLE SHAFT SECTION

FILING FEE RECEIVED 1610	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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CONFIRMATION NO. 6568

SERIAL NUMBER 08/843,711	FILING OR 371(c) DATE 04/16/1997 RULE 1.47	CLASS 604	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. 22965.2111
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APPLICANTS

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35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>Shenedy</i> Initials				

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24201

TITLE

INTRAVASCULAR CATHETER WITH REPLACEABLE SHAFT SECTION

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